## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number
.
KENLNET. OSY CICI

			<u></u>									
			S FILED - PART I (Column 1) (C					MALL ENTITY YPE		OR	OTHER THAN	
TC	OTAL CLAIMS		14				RAT	Έ	FEE	7	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE		OR	BASIC FEE	<del>                                     </del>	
TOTAL CHARGEABLE CLAIMS			/ ℓ/ minus 20=		* O		X\$ !	9=		OR	X\$18=	<del></del>
INDEPENDENT CLAIMS			6 minus 3 = *		خي *	* 3		)=		OR	X80=	240
MULTIPLE DEPENDENT CLAIM P			RESENT				+13!			1	+270=	670
* If	the difference	in column 1 is	less than zero, enter "0" in o			column 2	TOT			OR	TOTAL	950
CLAIMS AS AMENDED - PART II							101	<b>~</b> L		JOH	OTHER	
(Column 1) (Column 2) (Column 3)						(Column 3)	SMA	SMALL ENTITY			SMALL	
ENT A	4.5	CLAIMS REMAINING AFTER AMENDMENT	<b>19</b>	HIGH NUME PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	14	Minus	7	7	=	X\$ 9	)=		OR	X\$18=	
AME	Independent	* * ()	Minus	***	<u> EO AIM</u>	=	X40	=		OR	X80=	
Best Available Copy							+135	;=		OR	+270=	
pesi Avdiidbie Copy							TO ADDIT. I	TAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun		(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 20	Minus	** 3	<u>, 8</u>	=/ 4	X\$ 9	=		OR	X\$18=	
AME	Independent	* V	Minus	*** 1	CLAIM	= 1	X40:	=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_		OR	+270=	
							TO ADDIT. F			OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				100m	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9:	_		OR	X\$18=	7
AME	Independent	*	Minus	***		=	X40=	_		OR	X80=	
Ш	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		<u> </u>	$\dashv$		l		
• 1	If the entry in colur	+135: TOT			OR	+270= TOTAL	-					
***	If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Paid	aid For" IN THIS	S SPACE is	s less tha	n 3. enter "3."	ADDIT. F	EE L			TOTAL ADDIT. FEE	
	The inghest rain	iber i reviously i all	a i oi (iotai oi	uraeheurae	niy is tile	riignest number	ioung in the	app	ropriate box	, in coit	JMN I.	